

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS			
1. PLACE OF DEATH		State File No. 133	
County Maricopa	State ARIZONA	Registered No. 330	
Township	or Village		
City Phoenix	No. South Central Bridge	St. Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred.....yrs.....mos.....ds.		How long in U. S. if foreign birth?.....yrs.....mos.....ds.	
2. FULL NAME Truman Horton Bridges		How long in State where death occurred?.....yrs.....mos.....ds.	
(a) Residence: No. So. Central Avenue		St. Ward (If non-resident give city or town and state)	
(Usual place of abode)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----			
6. DATE OF BIRTH (month, day, and year) Feb. 8, 1922			
7. AGE	Years 17	Months 1	Days 1
	If LESS than 1 day,.....hrs. or.....min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warner Delivery Service			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Acme			
(State or Country) Texas			
13. NAME Jewell R. Bridges			
14. BIRTHPLACE (city or town) Mt. Pleasant			
(State or Country) Texas			
15. MAIDEN NAME Icy Climer			
16. BIRTHPLACE (city or town) Greenville			
(State or Country) Texas			
17. INFORMANT Jewell R. Bridges			
(Address) South Central Avenue			
18. BURIAL, CREMATION, OR REMOVAL			
Place.....Date.....19.....			
19. EMBALMER Grimschaw Mortuary			
License No. 227			
Signature Ind E. Harriss			
FUNERAL DIRECTOR 334 West Monroe			
Address			
20. Filed 3-14-39			
Registrar James H. Johnson			
(Address) Phoenix, Arizona			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) Mar. 9, 1939			
22. I HEREBY CERTIFY, That I attended deceased from.....19....., to.....19.....			
I last saw h. im. alive on.....19.....; death is said to have occurred on the date stated above, at 7 p.m.			
The principal cause of death and related causes of importance were as follows:			
Fractured skull received while riding bicycle struck by auto.			
Date of Onset			
Other contributory causes of importance:			
Name of operation.....Date of.....			
What test confirmed diagnosis?.....Was there an autopsy? No			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? 3/9/39			
Where did injury occur? Phoenix, Maricopa Co. Ariz.			
(Specify city or town, county and State)			
Specify whether injury occurred in industry, in home, or in public place. Public place			
Manner of injury Riding bicycle when struck by auto			
Nature of injury Skull fractured			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify.....			
(Signed) Nat. M. Kee, Coroner, M.D.			
(Address) Phoenix, Arizona			